

TRINITY COUNTY

BUILDING & DEVELOPMENT SERVICES ENVIRONMENTAL HEALTH DIVISION

P.O. BOX 476 / 61 AIRPORT ROAD WEAVERVILLE, CALIFORNIA 96093 PHONE (530) 623-1459, FAX (530) 623-1353

WELL RATE RECOVERY TESTING

Name of Contractor:					
APN of well being test	ed:	Date:			
Approximate location	of well (give landm	ark information, GPS	S coordinates, or	directions):	
If last Well Recovery I	Rate is more than 5	years old, the followi	ing tests need to	be performed:	
Well # How long v	How long was the test (4 hours or greater)			Well Recovery Rate (GPM)	
If well is unpermitted	or outdated, the following	lowing tests may need	to be performed	E	
	ermitted or outdated, the following tests may need to be perform (ell Recovery rate (GPM) Bacterial testing preformed			Depth of Well	
Well in Well Reserve	(011/1)	81		***************************************	
If well has a positive b 1459, so that we can g prevention device if yo	ive suggestions on	how to treat your wel	ounty Environmo	ental Health at 530-623- nay need a backflow	
Signature of contracto	r:			Date:	
Contractor Type:		Date:Business Name:			
Work completed:					
Owner/Leasee Name:					
Signature:				Date:	